24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	
	C C00562587
Check if 24-hour report 48-hour report New report Amends report filed	i on M=M / D=D / Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
Buying Time, LLC	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 650 Massachusetts Ave NW	Amount
Ste 210	Allount
City State Zip Code	469565.00
Washington DC 20001-3728	Transaction ID: VNV0C9QBA26 Date of Disbursement or Obligation
Purpose of Expenditure TV Advertising Buy Category/ Type	10 29 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Pat Roberts Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
CD2 Consulting	10 29 2014
Mailing Address 9 Miecaskly Dr	
	Amount
City State Zip Code	7924.87
New Gloucester ME 04260-4669	Transaction ID : VNV0C9QBA41 Date of Disbursement or Obligation
Purpose of Expenditure TV and Digital Ad Production Costs Category/ Type	M = M / D = D / Y = Y = Y
Type	10 29 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Marion Michael Rounds Oppose	President Senate State: SD
Caloridat Total To Bato	ursement For: Primary X General
Per Election for Office Sought 1104640.06 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	477489.87
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	